Preventive Health and Health Services Block Grant

Indiana

Beating the Odds: Indiana Aggressively Attacks Quality Improvement

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Public Health Problem (Issue)

What can a state do when the numbers are stacked against it? Indiana has one the nation's lowest levels of public health spending per capita, and the size of Indiana's public health workforce per capita is also among the smallest in the nation. Early in her tenure, Indiana State Health Commissioner Dr. Judy Monroe quickly recognized these barriers facing public health in Indiana. Specifically, Indiana:

- Currently has per capita funding from US Centers of Disease Control of \$13.69, making Indiana 49th out of 50 states.
- Has public health workforce per capita that is 46 workers per 100,000 people.
- Is ranked the lowest state out of the nation for Public Health Funding.

The decision was made to aggressively attack these low numbers by providing a several pronged approach to Public Health Education. In addition to utilizing tools such as the Learning Management System and the 10 Essential Services Lunch and Learns; Indiana decided to start at the local health departments and work up, recognizing that the workforce can only be as strong as the people working closest to the communities.

Taking Action (Intervention)

Using funds from the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention (CDC), Dr. Monroe launched an aggressive Public Health System Quality Improvement Project in 2007. The Indiana State Department of Health partnered with the Purdue University Healthcare Technical Assistance Program to implement the project. The project initially included:

- A pool of 20 local health departments, who participated in intensive local public health system assessments utilizing an assessment tool provided to Indiana by the CDC.
- A state public health system assessment was also conducted in August, 2007.
- Several teams were formed at the state level to plan and execute projects dealing with issues such as obesity, immunizations, and public health leadership.

After receiving the results for their county, the local health departments used the results to identify issues in their communities. They then planned and executed projects to address those issues. As other counties can see the successes of the targeted issues, more local health departments are coming on board to conduct their own assessments.

Impact

Indiana has already seen an improvement in the education of the public health workforce despite the project being long term. Accomplishments to date include:

- 10 Essential Service Lunch and Learns completed by Dr. Monroe and designees
- Surveys on 10 Essential Service delivery to 33 ISDH programs
- Data aggregated into Essential Services reports completed by 9 out of 10 reports.

These accomplishments also bolster the local health departments, as the ones who have completed the assessments now have a better understanding of the strengths and weaknesses of the public health system in their respective communities.

Ultimately, the goal is for all public health agencies in Indiana to effectively provide all 10 Essential Public Health Services. The Quality Improvement Project will also prepare the local health departments for voluntary national Public Health Accreditation, which is expected to be offered beginning in 2011. In

addition, it is that this project could increase opportunities for additional funding from outside sources in the future. Most importantly, this project has, and will continue, to educate the public health workforce, which greatly benefits the health of the citizens of Indiana.

Footnotes

Success Story Author Contact:

Bridget Rans Strong, JD Program Coordinator Policy and Grants Management Division Indiana State Department of Health 2 N. Meridian Street Indianapolis, IN, 46204. 317-233-7735 bstrong@isdh.IN.gov

Block Grant Coordinator Information: Indiana State Department of Health

Katherine Hokanson, PHHS Block Grant Coordinator 2 N. Meridian Street Indianapolis, IN 46204 Phone: 317-234-2865

E-mail: khokanson@isdh.in.gov Web site: www.in.gov/isdh

Healthy People Objective

Competencies for Public Health Workers

PHHS Block Grant Funding unknown

PHHS Block Grant Coordinator Indiana State Department of Health

2 N. Meridian Street Indianapolis, IN 46204 Phone: 317-234-2865 Web: www.in.gov/isdh

For more information on the PHHS Block Grant, go to www.cdc.gov/phhsblockgrant

For more information on Healthy People, go to www.healthypeople.gov

PHHS Block Grant Supports Indiana Healthy People Priorities

The PHHS Block Grant provides flexible funding that states can use to prevent and control chronic diseases, respond quickly to outbreaks of infections and waterborne diseases, and address their specific public health needs. States can align their programs with health objectives from *Healthy People*.

Indiana uses its funds to address 14 health objective priorities, including

- · Cardiovascular Health.
- · Community Water Fluoridation.
- Accredited Public Health Agencies.
- Public Health Agency Quality Improvement Program.
- Health Improvement Plans.

For a complete list of funded health objectives, go to http://www.cdc.gov/phhsblockgrant/stateHPprior.htm.